

North Idaho Medical Reserve Corps



April 2008

Volume 4, Issue 2

It's Spring in North Idaho and that means.....Flooding!

Floods are the most common and widespread of all natural disasters.

If you live in an area where floods occur, you should know the following:

What to do BEFORE a flood:

- Plan for evacuation. Know where you are going and how to get there.
- Prepare your home for a flood. Call your local building department or office of emergency management for information.
- Purchase flood insurance.
- Keep all insurance policies and a list of valuable items in a safe place.
- Take photos or a videotape of the valuables you keep in your home.
- Keep your car filled with gas.

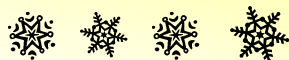
What to do DURING a flood:

- Do NOT try to walk or drive through flooded areas. Water can be deeper than it appears and water levels rise quickly. Follow official emergency evacuation routes. If your car stalls in floodwater, get out quickly and move to higher ground.
- Stay away from moving water; moving water six inches deep can sweep you off your feet. Cars are easily swept away in just two feet of water.
- Stay away from disaster areas unless authorities ask for volunteers.
- Stay away from downed power lines.
- If your home is flooded, turn the utilities off until emergency officials tell you it is safe to turn them on. Do not pump the basement out until floodwater recedes. Avoid weakened floors, walls and rooftops.
- Wash your hands frequently with soap and clean water if you come in contact with floodwaters.

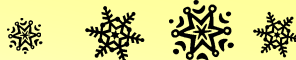
What to do AFTER a flood:

- Wear gloves and boots when cleaning up.
- Open all doors and windows. Use fans if possible to air out the building.
- Wash all linens and clothes in hot water.
- Discard mattresses and stuffed furniture. They can't be adequately cleaned.
- Wash dirt and mud from walls, counters and hard surfaced floors with soap and water. Then disinfect by wiping surfaces with a solution of one cup of bleach per gallon of water.
- Discard all food that has come into contact with floodwater. Canned food is alright, but thoroughly wash the can before opening.
- If your well is flooded, your tap water is probably unsafe. If you have public water, the health department will let you know—through radio and television—if your water is safe to drink. Until your water is safe, use clean bottled water.
- Learn how to purify your water. If you have a well, learn how to decontaminate it.
- Do not use your septic system when water is standing on the ground around it. The ground below will not absorb water from sinks or toilets. When the soil has dried, it is probably safe to again use your septic system. To be sure, contact your local health department.
- When floodwaters have receded watch out for weakened road surfaces.

*Reprinted from Disaster Preparedness Handbook,
Washington State Department of Health and Washington
Military Department, Emergency Management Division, 2005*



Thank You!



*To the volunteers that were able to help staff the First-Aid Station at the Winter Festival:
Kraig Brown, Anna Reed, Lisa Olson, Chantal McKinney & Esther Twilleager*

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Medical Reserve Corps

Quarterly Training Schedule

April

04/03

**MRC Orientation
for Shoshone County**
@ Kellogg
Panhandle Health District
Conference Room
11:30 a.m. - 1:00 p.m.

04/17

**MRC Orientation
for Benewah County**
@ St. Maries
Federal Building
Conference Room
11:30 a.m. - 1:00 p.m.

04/26

**Psychological First Aid
for Bonner County**
@ Sandpoint
Panhandle Health District
Conference Room
9:00 a.m. - 1:00 p.m.

May

05/22

**MRC Orientation
for Bonner County**
@ Sandpoint
Panhandle Health District
Conference Room
11:30 a.m. - 1:00 p.m.

June

06/05

**MRC Orientation
for Boundary County**
@ Bonners Ferry
Panhandle Health District
Conference Room
11:30 a.m. - 1:00 p.m.

06/12

**Use of Personal
Protective Equipment**
@ Sandpoint
Panhandle Health District
Conference Room
6:00 p.m. - 8:00 p.m.

To register for any of the offered trainings or for more information, please contact:

Jessica Aguirre at 208-415-5185 or jaguirre@phd1.idaho.gov

Remember to always fax a copy of any training certificates you receive to the MRC office at 208-415-5181



Calling All Retired Nurses

Have you hung up your nursing cap or do you know someone who has? Want to put your (or their) skills and expertise to work? Nightingales get to do those patient-centered things that no one ever has time to do when working.

Get to do the things that caused you to go into nursing in the first place!!!



Polly Parisot taking blood pressures at the North Idaho Fair.

“Nightingales” are retired nurse volunteers who work in a variety of areas/capacities at Kootenai Health. Nightingales do not take the place of staff, but instead get to add those patient care comfort measures that nurses never seem to have time to perform.

For more information contact: Sarah Nielsen, Volunteer Services Manager

208-666-2511 or nielsesa@kmcmail.kmc.org

Hectic Season Exposes Gaps in Flu Preparedness

Maryn McKenna, Contributing Writer, Center for Infectious Disease Research & Policy

Mar 10, 2008 (CIDRAP News) – Friday's announcement by the Centers for Disease Control and Prevention (CDC) that influenza appears to be slowing down has left medical personnel relieved for the imminent end of a harsh flu season. But it has also left them worried over weaknesses that the season exposed in public health's ability to anticipate flu's behavior, and over doubts raised among their patients by the flu vaccine's diminished effectiveness. Many are concerned as well for what the bad season demonstrates about the healthcare system's lack of surge capacity, and for the lack of nimbleness in the vaccine-production system that forced distribution of a suboptimal vaccine.

The CDC has not floated any adjectives to describe this year's flu season, though the agency said Friday that 47 out of 51 jurisdictions (the states plus Washington, DC) are experiencing "widespread" flu—two fewer than the week before. But to the dozen family and emergency physicians who spoke to CIDRAP last week, "widespread" does not begin to capture their flu season experience.

Troublingly, many of the flu patients coming to the healthcare system received flu shots. Their illnesses represent a mismatch between the strains that were chosen for the vaccine a year ago and the strains that actually caused illness this season, a

"CDC said that the rates of match between the current flu vaccine and flu isolates analyzed so far this winter were 77%, 14%, and 7% for the three flu strains."

development the CDC acknowledged in early February. The mismatch has been significant: Last Friday, the CDC said that the rates of match between the current flu vaccine and flu isolates analyzed so far this winter were 77%, 14%, and 7% for the three flu strains. Dr. Michael Sauri, an occupational and infection-control physician outside Washington DC, was so impressed by a late-January uptick in flu cases among patients who insisted they had been vaccinated that he put a post on the international disease-warning listserv ProMED. "I got quite a bit of response from all over the United States, Egypt, Australia, the Caribbean," said Sauri, who estimates that 25% of his flu patients represent vaccine failures. In one hospital where he works, flu cases have doubled from this time last year, he said. In some cases, physicians said, the false sense of security produced by the less-effective vaccination may have contributed to patients' illness.

Because they believed they were protected against flu, they assumed their respiratory symptoms were caused by something less serious, and so did not seek help until they were beyond the 2 days in which antiviral drugs are most likely to reduce symptoms.

The possibility that this year's vaccine would not match this year's flu strains has been known to public-health insiders all year. It was a calculated risk taken by the CDC and the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (VRBPAC) during spring 2007 vaccine-component discussions, after it became clear that a new vaccine strain could not be produced in time to insert it into the fall 2007 vaccines. "We did not have a viable egg isolate that could be used by the manufacturers. And so it was necessary to continue to use the [existing] virus in the vaccine," Dr. Nancy Cox, director of the CDC's Influenza Division, said in a Feb. 22 press briefing. The gamble did not pay off; the circulating virus drifted far enough from the vaccine strain to cause significant amounts of illness. That ought to underline the need to forge ahead on new vaccine technologies that would confer broader protection and would not be held hostage by the current 6-month manufacturing timeline, said Dr. Arnold Monto, a noted flu researcher and professor of epidemiology at the University of Michigan.

In the meantime, however, clinicians are concerned about the impression that the vaccine mismatch and the resulting flu cases will leave. Several times over the past decade, flu-vaccine problems—manufacturing problems, late vaccine delivery, an early-arriving season—have dented flu-vaccine uptake the following year. "We will need to really clearly and plainly explain that each year, the experts make their best educated guess . . . and some years are spot-on and some years are a mismatch," said Dr. David Kimberlin, professor of pediatrics at the University of Alabama at Birmingham. "The burden is on the medical community to say that, if we do not have a complete match, you are still getting some protection, and it is better to have partial protection than none." Some say this flu season has more lessons to teach. In Florida, emergency physician Ramirez—also a disaster-readiness consultant—ticked off the components: a significant flu-virus drift, a vaccine-manufacturing system that could not keep up, seriously ill patients, and an overwhelmed healthcare system. "These are exactly the things we ought to be prepared for in an influenza pandemic, and we were not prepared," he said. "We ought to consider this flu season as a warning to healthcare and industry."

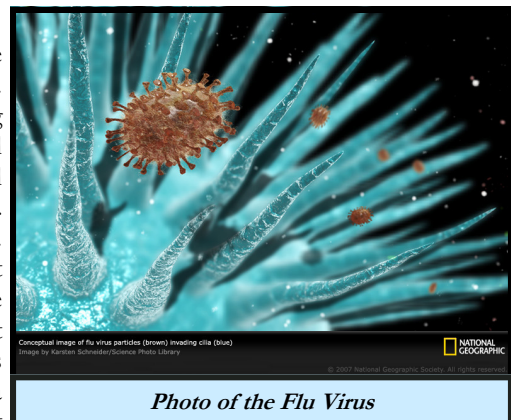


Photo of the Flu Virus

Heads Up!

The week of April 21-25 has been designated as

★ ★ Verification Week ★ ★

As you all know, we have been working toward verifying all
MRC volunteers contact information.

If we can't contact you in an emergency, our efforts have been in vain!

In order to complete this important project, MRC staff will be calling each and every volunteer over this one week to touch base and make sure we have the proper phone numbers, email address and mailing address. **Call times will be Monday through Friday from 3:30 p.m. to 7:30 p.m. and should last only 2-3 minutes.** These times have been chosen to ensure that we can reach volunteers at their home numbers after regular office hours.

Mark your calendars and be ready!

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Panhandle Health District
Medical Reserve Corps of North Idaho
8500 North Atlas Road
Hayden, ID 83835

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